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Application Number	ALL
Filing Date	ALL
First Named Inventor	Scotlund Stivers
Art Unit	Various
Examiner Name	Various
Attorney Docket Number	NA

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- Attorney or Agent of record. Registration Number \_\_\_\_\_
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My old address was:  
Scotlund Stivers  
P.O. Box 241  
Superior, WI 54880

Typed or Printed Name: Scotlund Stivers

Signature: Scotlund Stivers

Date: Feb. 2, 2004

Telephone: \_\_\_\_\_

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This document belongs to the following application numbers listed on the next page. KNO.